

Case Number:	CM15-0002171		
Date Assigned:	01/13/2015	Date of Injury:	07/23/2007
Decision Date:	03/19/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/06/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old male sustained an industrial injury on 7/23/07 with subsequent ongoing lumbar spine, cervical spine and right knee pain. Treatment included medications, physical therapy and epidural steroid injections. On 4/14/14, the injured worker underwent anterior lumbar interbody fusion at L5-21 and posterior decompression with removal of facet osteophytes. Postoperatively, the injured worker complained of increasing cervical spine pain with radiation to bilateral upper extremities with numbness and tingling of the hands. A request for anterior cervical discectomy and fusion at C5-6 and C6-7 was denied. In an office visit dated 8/20/14, the injured worker reported ongoing right sided posterior neck pain 7/10 on the visual analog scale with radiation to bilateral shoulders and elbows as well as right sided low back pain radiating to the right lower extremity. Physical exam was remarkable for a guarded gait, tenderness to palpation of the cervical spine with spasms and decreased range of motion. On 12/4/14, the physician re-requested anterior cervical discectomy and fusion at C5-6 and C6-7, preoperative medical clearance, postoperative physical therapy and a 1-3 day inpatient hospital stay. On 12/10/14, Utilization Review noncertified a request for pre-op medical clearance noting that because the requested surgical procedure had been deemed not medically necessary, pre-op clearance was also not medically necessary as well as CA MTUS, ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Pre-op Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (19th annual edition) Low Back Chapter - Preoperative testing, general

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Low Back, Topic; Pre-operative testing, general, preoperative testing, electrocardiography.

Decision rationale: The injured worker has a history of cardiovascular issues and a past history of gastritis. The guidelines state that pre-operative testing will depend upon co-morbidities and the nature of the surgical procedure. The requested surgery is an intermediate risk procedure. As such, electrocardiography and pre-operative medical clearance are appropriate and medically necessary. However, in the absence of documentation indicating approval of the 2 level anterior cervical discectomy and fusion, pre-operative medical clearance is not applicable and as such, the medical necessity cannot be established.